
LETTERS TO THE EDITOR

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world citizens, not needing a nationalistic breast to cling to. We did state that the process of decision making and adjustment is painful, but we emphasized the maturity of these young people, as evidenced by the way they met the problems.

Pica and Poisoning

TO THE EDITOR:

Celia Deschin presents me with something of a dilemma when a number of colleagues press me to write a rebuttal to her excellent but flawed OPINION article [Knowledge is Neither Neutral Nor Apolitical] in the April 1971 JOURNAL. I agree heartily with her basic theme of our need to apply our knowledge to the solutions of suffering and inequities in our society. However, the major example she uses to make her points, the phenomenon of pica, is used in a way that could well defeat her objective, particularly if it influences workers to disregard this unnatural craving and the forces behind it.

I wish Dr. Deschin had done her homework about pica more thoroughly and quoted some of our other studies.⁴ She would have found that they have been used to prove her point that scientific information can and should be applied to solve problems in the disadvantaged parts of our cities.

I wish the real answer to the prevention of lead poisoning could be as simplistic as removing the lead paint in the houses, or one-shot mass identification programs. When we were looking for solutions to the lead poisoning problem in the Children's Hospital of D.C. we found children with plumbism who didn't eat the walls, but ate newspapers (raising the question of what is fit to consume in the newspapers). We found that not only lead intoxication could result from pica. For example, persis-

tent ingestion of crayons was the basis for methemoglobinemia from which children could die, and which happened as often in the middle class as in the slum home. Severe anemias resulting from persistent pica were reported as far back as 1865 in Flint's System of Medicine.

When there were attempts to deal with lead poisoning by forcing landlords to remove old paint from the walls, it was found that often before the corrective moves were made, the families had left, were evicted, or the child involved was no longer in the home.² It became apparent that it was necessary to find out why the children developed the persistent cravings in the first place. To make a long story short, the most consistent factor found in young children with pica was unavailable mothering. Nutritional factors were studied and eliminated. A variety of other factors, such as cultural patterns, were involved in individual cases, but the most consistent finding was unavailable mothering, i.e., there was no one available to stop the children. There were many reasons why mothers were unavailable, such as the overwhelmed mothers, dependent mothers, depressed mothers, hopeless, helpless mothers, mentally ill mothers, alcoholic mothers, or pleasure-loving teenage mothers at any and all levels of society. Gratifyingly, with the majority of the mothers, when appropriate help was given, they in turn could become more available to the child in a variety of ways and the pica disappeared. A basic principle evolved that when a mother's unmet needs were met, she could then meet the child's.

Pica is usually an easily relieved manifestation. Only in the most resistant cases was psychotherapy in its usual forms found to be necessary. This is to be differentiated from pica children being brought into psychotherapy for research purposes in an effort to define the underlying dynamics, as was the case in our earliest study quoted by Dr. Deschin.

The action program that evolved from our early studies begins with questions about pica becoming a routine part of every health visit for a pre-school child

whether it is in the clinic, in day care, or in the home. This is made the responsibility of both professionals and paraprofessionals. Every child with pica is screened as a presumptive lead poisoning case, and deleaded when necessary. In our Children's Hospital, this is done in a special pica clinic. The incidence of lead poisoning cases detected here has gone up more than 300%, most often before clinical symptoms appear. The approach to the mothers and their needs involves case work, educational, and community approaches. It is necessary to have a range of resources available, including those that can reach into the homes when necessary and mobilize the necessary services to deal very often with the problems imposed by poverty.

Dr. Deschin is too well versed to be satisfied only with simplistic approaches even though they might be the most obvious, currently popularized ones. Thus, removing all lead from the environment is to be applauded and vigorously pursued as part of the preventive approach to lead poisoning. In fact, some of the legislation requiring it was stimulated by our findings. Children should not be damaged and/or dying even though the basic causes for their overwhelmed mothers or dependent mothers may be from society's neglect. Until we have a system that can reach all the children, we must at least protect them. However, in answering the underlying factors, it is like repairing all the broken down leaky, drafty school houses to solve the problem of why many children in them can't learn. At the same time we want the repairs so the children don't get sick. Also, her simplistic attempt to explain pica on unstimulating environments is in contradiction to her own knowledge that many of the children involved are in fact in (often inappropriately) overstimulating settings. Removing the sources of lead does nothing for the distorted conditions facing the mothers, most of whose children would not have pica if the mothers were available to stop them. Isn't the larger condition the goal Dr. Deschin wants us to target?

Psychoanalysis seems to have been

brought into this "opinion" as a red herring. The paper she quotes (not the latest paper by Dr. Millican^{5, 6} and others in the study team) was originally written for a psychoanalytic society that wanted to know about the problem of pica. We have been somewhat puzzled that there have been no attempts to replicate our studies. Our hope is that there will be as many approaches as possible to the many still unanswered questions in our attempts to understand the phenomenon of pica more thoroughly, including psychoanalytic.

Possibly in terms of Dr. Deschin's basic thesis, our fault has been in not sharing our information and experience with the people and resources who could be in the best position to check them out and use them constructively to deal with society's discrimination against people. An encouraging note may be found in the recent publications of two authorities on lead poisoning, Dr. Julian Chisholm¹ of Johns Hopkins Hospital and Dr. Jane Lin-Fu³ of the Division of Health Services of the U.S. Public Health Service, who include pica as an important concern in the preventive approaches to lead poisoning. However, these too are in danger of being read chiefly by the professional audience.

Finally, Dr. Deschin leaves us with an unanswered question. If we say that a psychologically based symptom in a middle-class child is not necessarily psychologically based when it occurs in an inner city child, does it then become unnecessary to do anything corrective about the symptom, only to make sure the child can't hurt himself with it?

Let us save our energy for the real enemy.

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Dr. Deschin replies: I am appreciative of Dr. Lourie's response. It gives me the opportunity to clear up a misunderstanding, namely, that I was disregarding the psychological implications of pica in a wide variety of childhood poisonings—other than lead. In commenting on David Anderson's article in the January 1971 JOURNAL, I was deliberately focusing on the role that psychological investigation of pica involving the ingestion of lead paint chips plays in delaying and preventing basic solutions to lead poisoning in black children, i.e., housing; especially in a period of rapidly decreasing concern for their welfare. Lead poisoning occurs in ghetto children with pica involving lead paint, with or without other non-food substances that are eaten. In a case in my own study, a child hospitalized for lead poisoning also chewed his mother's clothing, the psychological implications of which were considered and appropriate treatment provided for both mother and child *after* solutions to the lead intoxication had been instituted, i.e., lead-free housing.

I am well aware of situations in which pica is clearly a symptom of parent-child relationship problems. My intention was to include only pica implicating lead and I should have made this clear. Similarly, it would help in the eradication of childhood lead poisoning if Dr. Lourie and his

associates were to make a comparable distinction in their continuing work.

Dirty Words

TO THE REVIEW EDITOR:

In the January 1971 JOURNAL Albert Ellis reviewed *The Intimate Marriage* by Clinebell and Clinebell. I never read the book, but I was concerned by the manner in which it was condemned by the reviewer. The review had the ring of such virulent and vehement hostility coupled with vulgarisms that I raise serious question as to its objectivity, and indeed its value as an appraisal. It brought to mind similar approaches to problems by Albert Ellis at meetings of the American Psychological Association. While reading his comments, I was sorely tempted by my training and experience to have diagnostic reactions but shall of course refrain. . . .

Henry G. Hansburg, Ph.D.
Brooklyn, N.Y.

TO THE REVIEW EDITOR:

. . . Our Association is dedicated to lighting up aspects and standards of human behavior. To condone words of public lavatory wall vintage is to wink the other eye at standards alien to our purpose. I am not here criticizing Ellis. I do not pretend to carrying license for setting any writer's standards. I do own to interest of many years duration in the JOURNAL. I am here pleading for standards consistent with the objectives we have long pursued.

Samuel J. Beck, Ph.D.
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TO THE REVIEW EDITOR:

The language Ellis uses writing his review of the Clinebells' treatise on *The Intimate Marriage* is presumptuous in reverse. The Review Editor ought to have his head examined for not cleaning up his reviewer's jargon! It is debatable whether the pleasure of "a good, honest, perfectly loveless fuck" gives "incredibly deep pleas-